

<u>TYPE OF SERVICE</u>	<u>DEFINITION OF A CLAIM</u>
1. Acute general, psychiatric, and rehabilitation hospital inpatient	An invoice
2. Crippled Children's Hospital inpatient	A line item of an invoice
3. Outpatient hospital	An invoice
4. Nursing home	A line item of an invoice
5. Home Health	A line item of an invoice
6. Pharmacy	A line item of an invoice
7. Medical equipment and prosthetic devices	A line item of an invoice
8. Lab and x-ray	A line item of an invoice
9. Transportation	A line item of an invoice
10. Physicians	A line item of an invoice
11. Physical therapists	A line item of an invoice
12. Vision	A line item of an invoice
13. Ambulance	A line item of an invoice
14. Dental	A line item of an invoice
15. Personal care	A line item of an invoice
16. Cross-over	A line item of an invoice
17. Screening	An invoice

TN # 85-15

SUPERSEDES

TN # 82-03

APPROVAL DATE

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